

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
JUN 07 2017

Bayfield Co. Zoning Dept.

| | |
|--------------|------------|
| Permit #: | 17-0304 |
| Date: | 8-2-17 |
| Amount Paid: | 175 6-8-17 |
| Refund: | |

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

| | | | |
|--|---------------------------|--|---|
| TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER | | | |
| Owner's Name: WAYNE NELSON | Mailing Address: BOX 1282 | City/State/Zip: BAYFIELD WI 54814 | Telephone: 715-779-5999 |
| Address of Property: 87260 EAGLE BLUFF DR | | City/State/Zip: BAYFIELD WI 54814 | Cell Phone: |
| Contractor: | | Contractor Phone: | Plumber: |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | | Agent Phone: | Agent Mailing Address (include City/State/Zip): |
| PROJECT LOCATION: NW 1/4, SW 1/4 | | Legal Description: (Use Tax Statement) | PIN: (23 digits) 04-006-2-50-04-02-4 04-000-21 000 |
| Gov't Lot: 1 | | Lot(s): 1665 | Vol & Page: 1665 |
| Section 1 & 2, Township 50 N Range 4 W | | Town of: BAYFIELD | |
| <input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland | | Distance Structure is from Shoreline: feet | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If YES--continue --> | | Distance Structure is from Shoreline: feet | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If YES--continue --> | | Distance Structure is from Shoreline: feet | |

| | | | | | | |
|--|--|--|---------------------------------------|--|---|--|
| Value at Time of Completion * include donated time & material: \$168,800 | Project | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System is on the property? | Water |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> (New) Sanitary Specify Type: COBOD | <input type="checkbox"/> City |
| <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: COBOD | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: COBOD | <input checked="" type="checkbox"/> Well |
| <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> 3 | <input checked="" type="checkbox"/> 4 | <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) | <input type="checkbox"/> Portable (w/service contract) | |
| <input type="checkbox"/> Relocate (existing bldg) | <input checked="" type="checkbox"/> Basement | <input checked="" type="checkbox"/> 4 | <input type="checkbox"/> None | <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> None | |
| <input checked="" type="checkbox"/> Run a Business on Property | <input checked="" type="checkbox"/> Foundation | | | | | |

| | | | |
|---|------------|-----------|------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: 50 | Width: 44 | Height: 28 |
| Proposed Construction: | Length: | Width: | Height: |

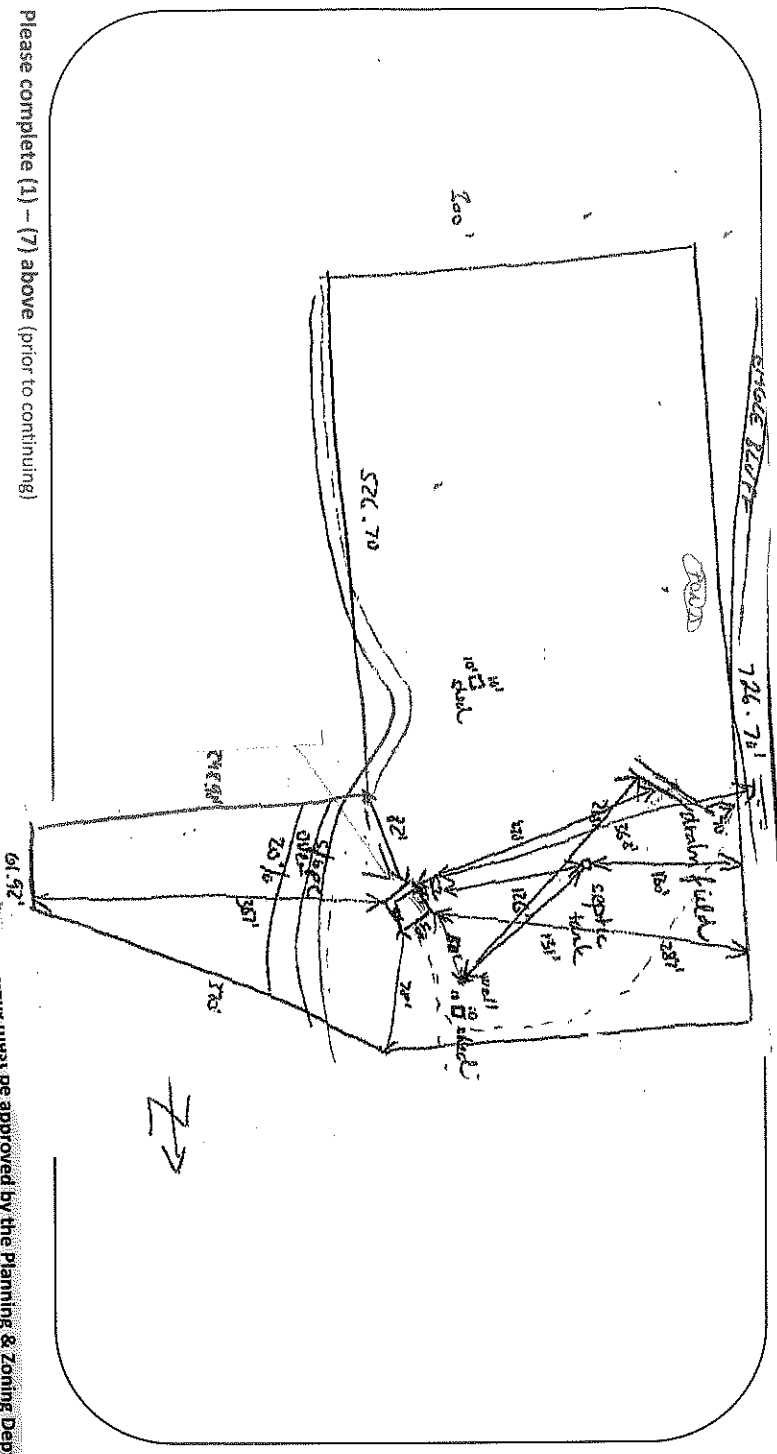
| | | | |
|---|--|-------------|----------------|
| Proposed Use | Proposed Structure | Dimensions | Square Footage |
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> Principal Structure (first structure on property) | (X) | |
| | <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) | (X) | |
| | with loft | (X) | |
| | with a Porch | (X) | |
| | with (2 1/2) Porch | (X) | |
| | with a Deck | (X) | |
| | with (2 1/2) Deck | (X) | |
| <input type="checkbox"/> Commercial Use | with Attached Garage | (X) | |
| | Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (X) | |
| | Mobile Home (manufactured date) | (X) | |
| <input type="checkbox"/> Municipal Use | Accessory Building | (X) | |
| | Accessory Building Addition/Alteration (specify) | (X) | |
| | Special Use: (explain) Short term rental - less than 30 days | (50 X 44) | 2200 |
| | Conditional Use: (explain) | (X) | |
| | Other: (explain) | (X) | |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Wayne Nelson Date 4/25/17
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date _____
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit _____
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N)** on Plot Plan
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

| Description | Measurement | Description | Measurement |
|---|-------------|--|---|
| Setback from the Centerline of Platted Road | 32' Feet | Setback from the Lake (ordinary high-water mark) | n/a Feet |
| Setback from the Established Right-of-Way | Feet | Setback from the River, Stream, Creek | n/a Feet |
| Setback from the North Lot Line | 32' Feet | Setback from the Bank or Bluff | Feet |
| Setback from the South Lot Line | 32' Feet | Setback from Wetland | n/a Feet |
| Setback from the West Lot Line | 32' Feet | 20% Slope Area on property | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line | 32' Feet | Elevation of Floodplain | n/a Feet |
| Setback to Septic Tank or Holding Tank | 126' Feet | Setback to Well | 57' Feet |
| Setback to Drain Field | 27' Feet | | |
| Setback to Privy (Portable, Composting) | n/a Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | | | |
|--|---|--|---|---|---|---|
| Issuance Information (County Use Only) | | Sanitary Number: <u>06-1835</u> | # of bedrooms: <u>4</u> | Sanitary Date: <u>9/13/2006</u> | | |
| Permit Denied (Date): | | Reason for Denial: | | | | |
| Permit #: <u>17-0364</u> | Permit Date: <u>8-8-17</u> | | | | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes (Need of Record) | <input checked="" type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) | <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Previously Granted by Variance (B.O.A.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Case #: | <u>N/A</u> |
| Granted by Variance (B.O.A.) | Case #: <u>N/A</u> | | | | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Existing Plan | | | | |
| Inspection Record: <u>existing residence w/ modern septic system.</u> | | | | | | |
| Date of Inspection: <u>6/12/2017</u> | Inspected by: <u>Robert Schirman</u> | | | | | |
| Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) | | | | | | |
| <u>Capacity limited to (3) exist people based on signs of septic system. Must contact Bayfield County Health Department for Health Department Authorization.</u> | | | | | | |
| Signature of Inspector: <u>[Signature]</u> | Date of Approval: <u>6/12/2017</u> | | | | | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input checked="" type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | | | |

own, City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – 06-183S
SIGN –
SPECIAL – Class A
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0304** Issued To: **Wayne Nelson**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **2** Township **50** N. Range **4** W. Town of **Bayfield**

Gov't Lot Lot **1** Block Subdivision CSM# **1665**

For: **Residential Other: [1 – Unit: 2 - Story; Short-term Rental]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Capacity limited to eight (8) people based on sizing of septic system. Must contact Bayfield County Health Department for Health Department Authorization.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found
to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

August 2, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
AUG 04 2017
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 17-0311
Date: 8-9-17
Amount Paid: 300
Commercial @ 2.50/1 = 750
Refund: \$50
8-9-17

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

| | | | | | | | | |
|--|--|-----------------------------------|-----------------------------------|---|--|--------------------------------------|---|--------------------------------|
| TYPE OF PERMIT REQUESTED → | | <input type="checkbox"/> LAND USE | <input type="checkbox"/> SANITARY | <input type="checkbox"/> PRIVY | <input type="checkbox"/> CONDITIONAL USE | <input type="checkbox"/> SPECIAL USE | <input type="checkbox"/> B.O.A. | <input type="checkbox"/> OTHER |
| Owner's Name: | | James HANSEN SR | | Mailing Address: | | 86565 City Hwy 5 | | Telephone: |
| Address of Property: | | 86565 City Hwy 5 | | City/State/Zip: | | BAYFIELD WI 54814 | | Cell Phone: |
| Contractor: | | BAYFIELD WI 54814 | | Contractor Phone: | | ED's Mechanical | | Plumber Phone: |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | | Agent Phone: | | Agent Mailing Address (Include City/State/Zip): | | Written Authorization Attached | | |
| PROJECT LOCATION | Legal Description: (Use Tax Statement) | Tax ID# (4-5 digits) | CSM/E&S Vol & Page | Lot(s) No. | Block(s) No. | Subdivision: | Recorded Deed (i.e. # assigned by Registrar of Deeds) | |
| 51A SE NE 1/4 | | 4468 | 750 | | | | Document # 1789 | AP 922 |
| Section 10, Township 50 N, Range 04 W | Town of: | BAYFIELD | | Lot Size | Acreage | | 15 | |

| | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> Shoreland | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? | Distance Structure is from Shoreline: feet | <input type="checkbox"/> Is Property in Floodplain Zone? | Are Wetlands Present? |
| <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage | If yes—continue → | Distance Structure is from Shoreline: feet | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> No |
| <input checked="" type="checkbox"/> Non-Shoreland | | | | |

| | | | | | | |
|---|--|---|--|----------------------------|---|--|
| Value at Time of Completion * include donated time & material | Project | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System Is on the property? | Water |
| \$ 100,000 | <input checked="" type="checkbox"/> New Construction | <input type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: _____ | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input checked="" type="checkbox"/> 2-Story | <input type="checkbox"/> _____ | <input type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Commercial</u> | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement | | | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | |
| | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement | | | <input checked="" type="checkbox"/> Portable (w/service contract) | |
| | | <input type="checkbox"/> Foundation | | | <input type="checkbox"/> Compost Toilet | |
| | | <input type="checkbox"/> _____ | | | <input type="checkbox"/> None | |

| | | | |
|---|------------|-----------|------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: 85 | Width: 30 | Height: 24 |
| Proposed Construction: | Length: 85 | Width: 30 | Height: 24 |

| | | | |
|---|--|------------|----------------|
| Proposed Use | Proposed Structure | Dimensions | Square Footage |
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> Principal Structure (first structure on property) | () | |
| | <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) | () | |
| | <input type="checkbox"/> with Loft | () | |
| | <input type="checkbox"/> with a Porch | () | |
| | <input type="checkbox"/> with (2") Porch | () | |
| | <input type="checkbox"/> with a Deck | () | |
| | <input type="checkbox"/> with (2") Deck | () | |
| <input type="checkbox"/> Barn/Feed Shed/Storage | <input type="checkbox"/> with Attached Garage | () | |
| | <input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities | () | |
| | <input type="checkbox"/> Mobile Home (manufactured date) | () | |
| <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> Addition/Alteration (specify) | () | |
| | <input type="checkbox"/> Accessory Building (specify) | () | |
| | <input type="checkbox"/> Accessory Building Addition/Alteration (specify) | () | |
| | <input type="checkbox"/> Special Use: (explain) | () | |
| | <input type="checkbox"/> Conditional Use: (explain) | () | |
| | <input type="checkbox"/> Other: (explain) | () | |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): James Hansen
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: 8/3/17

Address to send permit: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

n, City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0311** Issued To: **James Hauser**

S ½ of
Location: **SE** ¼ of **NE** ¼ Section **10** Township **50** N. Range **4** W. Town of **Bayfield**
Less CSM #950

| Gov't Lot | Lot | Block | Subdivision | CSM# |
|-----------|-----|-------|-------------|------|
|-----------|-----|-------|-------------|------|

For: **Commercial Accessory Structure:** [1- Story; Storage Building (70' x 32') = 2,240 sq. ft.;
(2) Lean-to's (9' x 50') (9' x 50') = 900 sq. ft.] Total Overall = 3,140 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building not approved for residential use or human habitation. Approved as Commercial Ag building. Conversion to cidery, winery, and/or distillery will require additional permitting.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

August 9, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
MAY 04 2017

ENTERED
Permit #: 17-0317
Date: 8-10-17
Amount Paid:
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept

| | | | |
|--|--|--|--|
| TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER | | | |
| Owner's Name: <u>Lake Superior Big Top Charitauqua</u> | Mailing Address: <u>PO Box 455 Washburn, WI 54891</u> | City/State/Zip: <u>715-209 7313</u> | Telephone: <u>715-209 7313</u> |
| Address of Property: <u>84810 WIS Highway 13</u> | | City/State/Zip: <u>Bayfield, WI 54814</u> | Cell Phone: |
| Contractor: <u>In house</u> | Contractor Phone: | Plumber: | Plumber Phone: |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Robert</u> | | Agent Phone: <u>715-209 7313</u> | Agent Mailing Address (include City/State/Zip): |
| PROJECT LOCATION | Legal Description: (Use Tax Statement) | PIN: (23 digits) <u>04-00672-50-04-23-2 01000-60000</u> | Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____ |
| <u>1/4, 1/4</u> | Gov't Lot _____ Lot(s) _____ CSM _____ Vol & Page _____ Lot(s) No. _____ Block(s) No. _____ | Subdivision: | Lot Size _____ Acreage <u>18.590</u> |
| Section <u>23</u> , Township <u>50</u> N, Range <u>04</u> W | Town of: <u>Bayfield</u> | Lot Size | Acres |
| <input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue --> <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue --> | Distance Structure is from Shoreline: _____ feet Distance Structure is from Shoreline: _____ feet | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Value at Time of Completion * include donated time & material | Project | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System is on the property? | Water |
|--|--|---|--|---|---|--|
| \$ 340,800 | <input type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input checked="" type="checkbox"/> Year Round | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: _____ | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: _____ | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/> _____ |
| | <input checked="" type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement | <input type="checkbox"/> _____ | <input type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Foundation | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> None | <input type="checkbox"/> _____ |

| | | | |
|---|---------|--------|---------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: | Width: | Height: |
| Proposed Construction: | Length: | Width: | Height: |

| Proposed Use | Proposed Structure | Dimensions | Square Footage |
|---|-------------------------------|------------|----------------|
| <input checked="" type="checkbox"/> Principal Structure (first structure on property) | | (X) | |
| <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) | | (X) | |
| <input type="checkbox"/> with Loft | | (X) | |
| <input type="checkbox"/> with a Porch | | (X) | |
| <input type="checkbox"/> Rec'd for Issuance | with (2 nd) Porch | (X) | |
| <input checked="" type="checkbox"/> Commercial Use | with (2 nd) Deck | (X) | |
| <input type="checkbox"/> Secretarial Staff | with Attached Garage | (X) | |
| <input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | | (X) | |
| <input type="checkbox"/> Mobile Home (manufactured date) _____ | | (X) | |
| <input type="checkbox"/> Addition/Alteration (specify) _____ | | (X) | |
| <input type="checkbox"/> Accessory Building (specify) _____ | | (X) | |
| <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____ | | (X) | |
| <input type="checkbox"/> Special Use: (explain) _____ | | (X) | |
| <input type="checkbox"/> Conditional Use: (explain) _____ | | (X) | |
| <input type="checkbox"/> Other: (explain) _____ | | (X) | |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Alana O. Smith Date: 5/4/17
(If not are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit _____

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

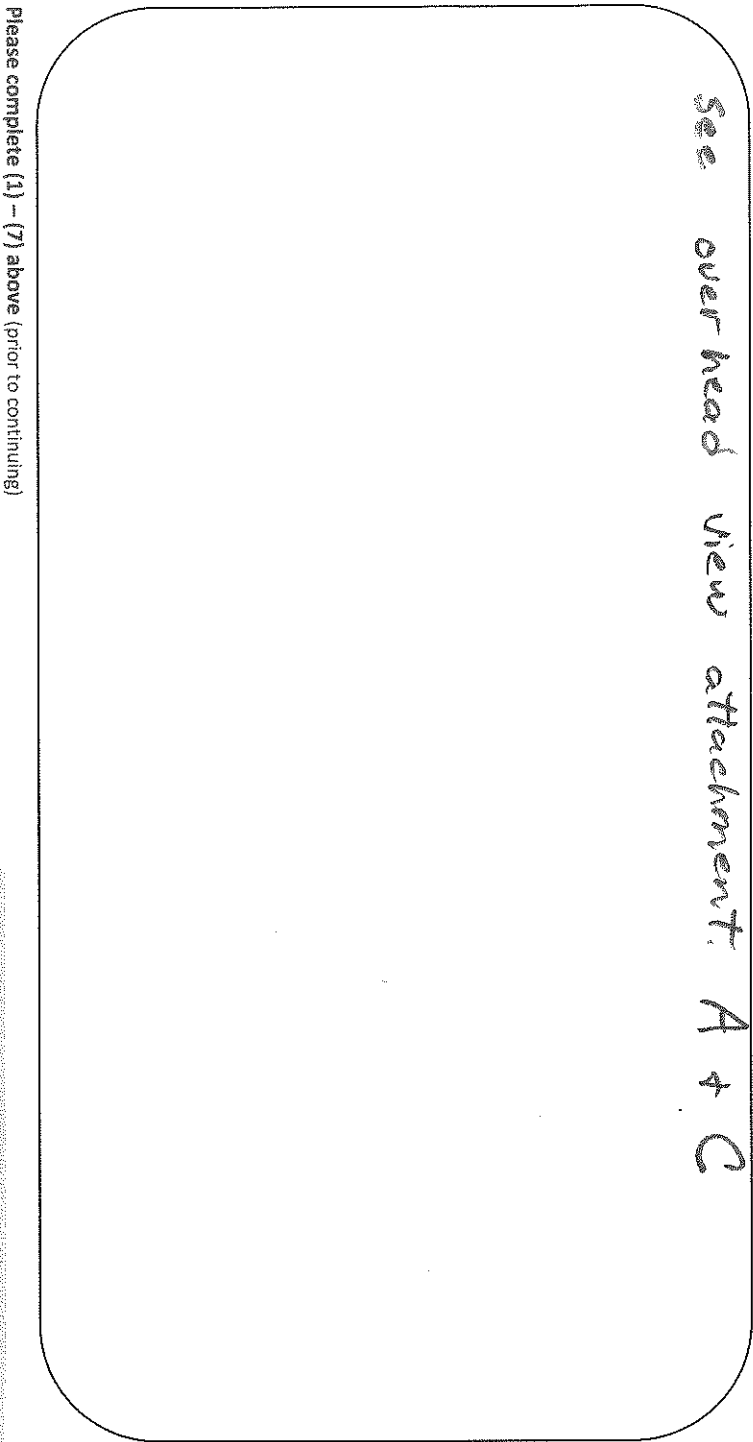
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed



Look below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See over head view attachment. A + C



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description | Measurement | Description | Measurement |
|---|-------------|--|--|
| Setback from the Centerline of Platted Road | Feet | Setback from the Lake (ordinary high-water mark) | Feet |
| Setback from the Established Right-of-Way | 200 Feet | Setback from the River, Stream, Creek | Feet |
| | | Setback from the Bank or Bluff | Feet |
| Setback from the North Lot Line | 140 Feet | | |
| Setback from the South Lot Line | 60 Feet | Setback from Wetland | Feet |
| Setback from the West Lot Line | 200 Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line | 740 Feet | Elevation of Floodplain | Feet |
| | | | |
| Setback to Septic Tank or Holding Tank | 50 Feet | Setback to Well | Feet |
| Setback to Drain Field | 700 Feet | | |
| Setback to Privy (Portable, Composting) | 44 Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| | | | |
|--|---|--|--|
| Issuance Information (County Use Only) | | Sanitary Number: | Sanitary Date: |
| Permit Denied (Date): | Reason for Denial: | # of bedrooms: | |
| Permit #: 17-0317 | Permit Date: 8-10-17 | to be abandoned & saved by municipal sewer per city plan | |
| Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Mitigation Required Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Case #: | Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Case #: |
| Was Parcel Legally Created Was Proposed Building Site Delineated | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Were Property Lines Represented by Owner Was Property Surveyed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Inspection Record: | | Zoning District | |
| Date of Inspection: 5-25-17 | | Lakes Classification (3-creek) | |
| Condition(s): Town Committee of Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.) per conditions of P+Z committee. | | Date of Re-Inspection: | |
| Signature of Inspector: | | Date of Approval: 8-9-17 | |
| Hold For Sanitary: <input type="checkbox"/> Hold For TDR: <input type="checkbox"/> | | Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/> | |

City, Village, State or Federal
Permits May Also Be Required

LAND USE – Required
SANITARY – Required (if applicable w/land use)
SIGN –
SPECIAL –
CONDITIONAL – X (7/20/2017)
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0317** Issued To: **Lake Superior Big Top Chautauqua / Kevin Hunt, Agent**

Location: **NE ¼ of NW ¼ Section 23 Township 50 N. Range 4 W. Town of Bayfield**

Gov't Lot Lot **1-9 & 11-19** Block **24** Subdivision **Rice & Thompsons**

For: **A Banquet Hall / Event Center; and Bar, Cocktail Lounge, Tavern:**

(Disclaimer): The Planning and Zoning Department does not authorize the beginning of any construction or land use; you must first obtain land use application(s)/permit card(s) from the Planning and Zoning Department. You (the property owner) shall fulfill the conditions placed by the Board of Adjustment; your recorded affidavit; sanitary (if applicable) and/or any additional requirements placed by this Department. The Planning and Zoning Department requires verification/proof that all conditions have been met. Any future expansions or development would require additional permitting.

Condition(s): Per conditions of Planning and Zoning Committee. Committee Conditions: 1] Connect to/use the Pikes Bay Sanitary District line as agreed. 2] Any outdoor events or concerts be non-amplified and over by 9:00 pm. 3] Use the existing building, venue, and parking lot. 4] They use downward pointed lighting.

NOTE: Conditional Use permit shall automatically terminate 12 months from its date of issuance if the authorized building activity, land alteration or use has not begun within such time. If your Conditional Use is discontinued for 36 consecutive months, the permit authorizing it shall automatically terminate, and any future use of the building(s) or property to which the permit pertained shall conform to Ordinance.

Changes in plans or specifications shall not be made without obtaining approval from Planning and Zoning Committee. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

August 10, 2017

Date